

## CITY OF LINCOLN, NEBRASKA

## UNIT PRICE QUOTATION

ROOFING SERVICES, Spec. 06-091

Date: \_\_\_\_\_

TO DEPARTMENT/AGENCY REPRESENTATIVE: \_\_\_\_\_

FROM (CONTRACTOR): \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

When making a quotation please breakdown the Total Cost into the following categories: Labor, Materials, Equipment, Overhead and Subcontractors Costs. Fill in the following Tables in the areas as shown. If an item does not apply, please do not make an entry in that column.

## TIME OF COMPLETION

Estimated Start Date	
Number of Days to Complete	

## LABOR COST TABLE

CONTRACTOR	RATE	NO. HOURS	TOTAL \$ AMOUNT
Foreman			
Roofer			
Roofer's Help			
Laborer			
Other			
TOTAL LABOR			

## EQUIPMENT AND MATERIAL COSTS

ITEM	COST	% O. & P.	TOTAL \$ AMOUNT
Total Equipment Costs			
Total Materials Cost			
Total Shipping Cost			

## O. &amp; P. ON SUBCONTRACTORS COSTS

SUB-CONTRACTOR (NAME)	COST	% O. & P.	TOTAL \$ AMOUNT
Sub No. 1			
Sub No. 2			
Sub No. 3			
Sub No. 4			
Sub No. 5			

TOTAL PRICE (NOT TO EXCEED)

\$

FIRM: \_\_\_\_\_

BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

Change Order #: \_\_\_\_\_

Accepted: \_\_\_\_\_

Not Accepted: \_\_\_\_\_

Department/Agency Representative

DATE: \_\_\_\_\_